

Date: _____

Document Code: IMIS

**Office of Patent Application Process
Office of Initial Processing Division**

Original Application Number: 10/579-053

Name of Contact: Henry M Sinai

Phone Number: 972-97460363

Per telephone conversation with the applicant on 10/12/11
The following instructions have been given:

CREDIT CARD INFORMATION IS INCOMPLETE SO I CONTACTED APPLICANT,

BUT NO RESPONSE FOR BELOW.

MISSING CREDIT CARD NUMBER, MISSING EXPIRATION OR EXPIRED DATE,

MISSING DOLLAR AMOUNT, MISSING BILLING ADDRESS OR OTHERS.

Missing Handwritten Signature

Cynthia Streater

(Please print name)

Office of Initial Processing Division